

Rec'd PCT/PTO 29 SEP 2005

Supplemental Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: TUNGSTEN CATALYSTS
Attorney Docket Number:: 0512-1252
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 3
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: FRANCOIS
Middle Name::
Family Name:: FIGUERAS
Name Suffix::
City of Residence:: LYON
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 4, RUE VILLON
Address::
City of Mailing Address:: LYON
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-69003

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: NADINE
Middle Name::
Family Name:: ESSAYEM
Name Suffix::
City of Residence:: SAINT JUST CHALEYSSIN
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing CHAPULY
Address::
City of Mailing Address:: SAINT JUST CHALEYSSIN

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-38540

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: CYRIL
Middle Name::
Family Name:: FECHE
Name Suffix::
City of Residence:: VILLEURBANNE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 2, AVENUE ROBERTO ROSSELLINI
Address::
City of Mailing Address:: VILLEURBANNE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-69100

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: STEFANE STEPHANE
Middle Name::
Family Name:: LORIDANT
Name Suffix::
City of Residence:: MIRIBEL MEYZIEU
State or Province of
Residence::
Country of Residence:: FRANCE

Street of Mailing Address:: 63, AVENUE DU PARC 49 RUE EDMOND
Address:: ROSTAND
City of Mailing Address:: MIRIBEL MEYZIEU
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-01700 69330

Applicant Authority Type:: Inventor
Primary Citizenship Country:: MEXICO
Status:: Full Capacity
Given Name:: JORGE
Middle Name::
Family Name:: PALOMEQUE
Name Suffix::
City of Residence:: TLANEP
State or Province of Residence::
Country of Residence:: MEXICO
Street of Mailing Address:: TEPETLACALCO NO. 59
Address:: COL. NUEVA LXTACALA
City of Mailing Address:: TLANEP
State or Province of Mailing Address::
Country of Mailing Address:: MEXICO
Postal or Zip Code of Mailing Address:: 54160

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: GEORGES
Middle Name::
Family Name:: GELBARD
Name Suffix::
City of Residence:: CALUIRE

State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 25F RUE ANDRE LASSAGNE
Address::
City of Mailing Address:: CALUIRE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-69300

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR03/02040	7/1/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02/08318	7/3/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::